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| <b>Issue Classification</b><br> | <b>Application/Control No.</b><br>10576979 | <b>Applicant(s)/Patent Under Reexamination</b><br>VAN DIJK, JACOBUS JOHANNES |
|   | <b>Examiner</b><br>BRANON PAINTER          | <b>Art Unit</b><br>3635  |

| ORIGINAL           |                                   |  |          |  |  | INTERNATIONAL CLASSIFICATION |   |   |   |                     |             |  |  |  |  |  |  |  |
|--------------------|-----------------------------------|--|----------|--|--|------------------------------|---|---|---|---------------------|-------------|--|--|--|--|--|--|--|
| CLASS              |                                   |  | SUBCLASS |  |  | CLAIMED                      |   |   |   |                     | NON-CLAIMED |  |  |  |  |  |  |  |
| 52                 |                                   |  | 18       |  |  | E                            | 0 | 4 | B | 7 / 12 (2006.01.01) |             |  |  |  |  |  |  |  |
| CROSS REFERENCE(S) |                                   |  |          |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                    |                                   |  |          |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
| CLASS              | SUBCLASS (ONE SUBCLASS PER BLOCK) |  |          |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
| 47                 | 17                                |  |          |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
| 52                 | DIG 17                            |  |          |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                    |                                   |  |          |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                    |                                   |  |          |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                    |                                   |  |          |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                    |                                   |  |          |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                    |                                   |  |          |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                    |                                   |  |          |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                    |                                   |  |          |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                    |                                   |  |          |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                    |                                   |  |          |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                    |                                   |  |          |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                    |                                   |  |          |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                    |                                   |  |          |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                    |                                   |  |          |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                    |                                   |  |          |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                    |                                   |  |          |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                    |                                   |  |          |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |

| <input checked="" type="checkbox"/> Claims renumbered in the same order as presented by applicant <input type="checkbox"/> CPA <input type="checkbox"/> T.D. <input type="checkbox"/> R.1.47 |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
|--|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|
| Final  | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original |
|  | 1        |       | 17       |       | 33       |       |          |       |          |       |          |       |          |       |          |
|  | 2        |       | 18       |       | 34       |       |          |       |          |       |          |       |          |       |          |
|  | 3        |       | 19       |       | 35       |       |          |       |          |       |          |       |          |       |          |
|  | 4        |       | 20       |       | 36       |       |          |       |          |       |          |       |          |       |          |
|  | 5        |       | 21       |       | 37       |       |          |       |          |       |          |       |          |       |          |
|  | 6        |       | 22       |       | 38       |       |          |       |          |       |          |       |          |       |          |
|  | 7        |       | 23       |       | 39       |       |          |       |          |       |          |       |          |       |          |
|  | 8        |       | 24       |       |          |       |          |       |          |       |          |       |          |       |          |
|  | 9        |       | 25       |       |          |       |          |       |          |       |          |       |          |       |          |
|  | 10       |       | 26       |       |          |       |          |       |          |       |          |       |          |       |          |
|  | 11       |       | 27       |       |          |       |          |       |          |       |          |       |          |       |          |
|  | 12       |       | 28       |       |          |       |          |       |          |       |          |       |          |       |          |
|  | 13       |       | 29       |       |          |       |          |       |          |       |          |       |          |       |          |
|  | 14       |       | 30       |       |          |       |          |       |          |       |          |       |          |       |          |
|  | 15       |       | 31       |       |          |       |          |       |          |       |          |       |          |       |          |
|  | 16       |       | 32       |       |          |       |          |       |          |       |          |       |          |       |          |

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| /BRANON PAINTER/<br>Examiner.Art Unit 3635<br><br>(Assistant Examiner)                   | 06/23/11<br><br>(Date)   | <b>Total Claims Allowed:</b><br><br>10 |                            |
| /EILEEN D LILLIS/<br>Supervisory Patent Examiner.Art Unit 3635<br><br>(Primary Examiner) | 06/27/2011<br><br>(Date) | O.G. Print Claim(s)<br><br>18          | O.G. Print Figure<br><br>2 |